

ARIZONA DEPARTMENT OF HEALTH SERVICES EXHIBIT 961-

Policy 406,  
ATTACHMENT 4

**422**  
**DIVISION OF BEHAVIORAL HEALTH**  
**SERVICES ARIZONA HEALTH CARE COST CONTAINMENT**  
**SYSTEM**

**COMMUNITY SERVICE AGENCY**  
**DIRECT SERVICE STAFF/CONTRACTOR REFERENCE FORM**

NAME OF DIRECT SERVICE STAFF/CONTRACTOR: \_\_\_\_\_

**Community Service Agency Title XIX Certification**

**DIRECT SERVICE STAFF/CONTRACTOR REFERENCE FORM**

The following individuals have knowledge about all of the following: employment history, education and character of the direct service staff or contractor. Individuals giving references cannot be family members of the direct service staff or contractor.

<b>(1)</b>	
a). Name of Person Providing Reference:	b). Relationship of person to Direct Service Staff/Contractor and number of years/months that person has known Direct Service Staff/Contractor: _____(relationship) _____(years/months)
c). Address: Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Verified by: _____	
<b>(2)</b>	
a). Name of Person Providing Reference:	b). Relationship of person to Direct Service Staff/Contractor and number of years/months that person has known Direct Service Staff/Contractor: _____(relationship) _____(years/months)
c). Address: Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Verified by: _____	
<b>(3)</b>	
a). Name of Person Providing Reference:	b). Relationship of person to Direct Service Staff/Contractor and number of years/months that person has known Direct Service Staff/Contractor: _____(relationship) _____(years/months)
c). Address: Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Verified by: _____	

By signing this form, I affirm that the three references have been contacted to provide information regarding the employment history, education and character of the Direct Service Staff/Contractor.

Program Director Signature \_\_\_\_\_

\_\_\_\_\_ Date

~~Policy 406, Community Service Agency Title XIX Certification Form~~ ~~Effective 04/01/08 Revised 01/24/08~~ ~~Direct Service Staff or Contractor Reference~~

PUBLIC COMMENT UNTIL 09/21/16